B22C (Official Form 22C) (Chapter 13) (01/08)

In redaniel clyde smukowski Debtor(s)		According to the calculations required by this statement: The applicable commitment period is 3 years.
Coop number:		
Case number:	(If known)	☑ Disposable income is determined under § 1325(b)(3).
	,	☐ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

Amended 12/17/2009

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME						
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for lines 2-10.						
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six month total by six, and enter the result on the appropriate line.					Column A Debtor's Income	Column B Spouse's Income
2	2 Gross wages, salary, tips, bonuses, overtime, commissions.					\$2,700.00	\$7,000.00
Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.							
	a. Gross receipts \$0.00						
	b.	Ordinary and necessary business expenses	\$	0.00			
	C.	Business income	S	Subtract Line I	o from Line a	\$0.00	\$0.00
4	in the a	appropriate column(s) of Line 4. Do not enter a r f the operating expenses entered on Line b		zero. Do n Part IV.	ne difference o not include any		
4	a.	Gross receipts		\$0.00			
	b.	Ordinary and necessary operating expenses		\$0.00	Line b from Line a		
	C.	Rent and other real property income		Subtract	Line b from Line a	\$0.00	\$0.00
5	Intere	st, dividends, and royalties.				\$0.00	\$0.00
6	Pensio	on and retirement income.				\$1,160.00	\$0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.					\$0.00	\$0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
		nployment compensation claimed to benefit under the Social Security Act	Debtor <u>\$0.00</u>		Spouse <u>\$0.00</u>	\$0.00	\$0.00

9	se pai Do	come f parate id by y not in ainst h	list additional sources on a te maintenance payments maintenance. ts received as a victim of a			
		a.				
		b.		0		
					\$0.00	\$0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).				\$3,860.00	\$7,000.00
11	Total. If column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.			\$10,860.00		

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD							
12	Enter the amount from Line 11.		\$10,860.00				
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.						
		\$0.00					
		\$0.00					
	c.	\$0.00	\$0.00				
14	Subtract Line 13 from Line 12 and enter the result.		*****				
		dether an exercision of the AA had	\$10,860.00				
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.						
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: WISCONSIN b. Enter debtor's household size: 2						
	Application of § 1325(b)(4). Check the applicable box and proceed	d as directed.	<u> </u>				
17	☐ The amount on Line 15 is less than the amount on Line 16. period is 3 years" at the top of page 1 of this statement and continue wi	Check the box for "The applicable commitment th this statement.					
	The amount on Line 15 is not less than the amount on Line 16. period is 5 years" at the top of page 1 of this statement and continue wi	эт эр					

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME							
18	Enter the amount from Line 11.						
Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.							
	a.	\$0.00					
	b. \$0.00						
	c.	\$0.00					
	\$0.						
20	Current monthly inco	ome for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$10,860.00				

B22C	·	,, , , ,	Cont.					3
21	the n	ualized current monthly income for § 1 number 12 and enter the result.	325(D)(3).	Multip	ly the amount from Line 20 by	'		\$130,320.00
22	App	licable median family income. Ente	r the amount fror	m Line	:16.			\$57,657.00
23	⊠ Th de □ Th	Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.						
		Part IV. CALCULATION	ON OF DED	UC'	TIONS ALLOWED F	ROM IN	COME	
		Subpart A: Deductions	under Stand	lards	of the Internal Reven	ue Servic	e (IRS)	
24A	Ente	onal Standards: food, apparel and serv r in Line 24A the "Total" amount from IRS sehold size. (This information is available at	National Standar	ds for	Allowable Living Expenses fo	r the applical	ole	\$985.00
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
		usehold members under 65 years of ag		1	usehold members 65 years	or age or o		
	a1.	Allowance per member Number of members	\$60.00	a2.	Allowance per member Number of members		\$144.00	
	b1. c1.	Subtotal	\$180.00	b2.	Subtotal		\$0.00	\$180.00
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court). Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line					\$457.00			
25B	a.	d enter the result in Line 25B. Do not en			1	8869.00		7
	b.	Average Monthly Payment for any debts						7
		home, if any, as stated in Line 47				\$2,150.00		1
	C.	Net mortgage/rental expense				Subtract Line	b from Line a.	\$0.00
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							
								\$0.00

BZZC	(Official Form 22C) (Chapter 13) (01/08) - Cont.	4			
27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy	\$366.00			
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at or from the clerk of the bankruptcy court.)	\$0.00			
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ☐ 1 ☐ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a Line 28. Do not enter an amount less than zero. [RS Transportation Standards, Ownership Costs] \$489.00				
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 \$0.00 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.	\$489.00			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$489.00 b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 \$0.00	\$489.00			
30	C. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.	\$2,384.00			
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life, or for any other form of insurance.				
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.				
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$0.00			
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$0.00			

	(Official Form 22C) (Chapter 13) (01/08) - Cont.	5				
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance listed or health savings accounts listed in Line 39.					
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health that of your dependents. Do not include any amount previously deducted.					
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.					
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37					
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$25.00 b. Disability Insurance \$0.00					
39	c. Health Savings Account \$0.00					
33	Total and enter on Line 39 If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$0.00					
Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.						
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and					
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.					
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$0.00				
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$25.00				
		I				

	own, lis check schedu	whether the payment included as contractually due	claims. For each of your debts that is or, identify the property securing the debt, stalludes taxes or insurance. The Average Mont to each Secured Creditor in the 60 months fry, list additional entries on a separate page.	ate the Average Monthly hly Payment is the total ollowing the filing of the	Payment, and of all amounts bankruptcy			
4		Name of Creditor	Property Securing the Debt	Average Payment	Does payment include taxes or insurance?			
47	a.	wilshire	homestead	\$1,232.00	☐ Yes ☒ No			
	b.	gmac	homestead	\$608.00	☐ Yes ☒ No			
	c.	city of cudahy	homestead	\$343.00	☐ Yes ☐ No			
	d.	ony or oursely		\$0.00	☐ Yes ☐ No			
	e.			\$0.00	☐ Yes ☐ No			
		+		Total: Add Lines a - e		\$2,183.00		
	Other payments on secured claims. If any of the debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.							
48		Name of Creditor	Property Securing the Debt	1/60th of the C	ure Amount			
40	a.			\$0.00				
	b.			\$0.00				
	c.			\$0.00				
	d.			\$0.00		\$0.00		
	e.			\$0.00				
				Total: Add Lin	es a - e			
49	as prio		prity claims. Enter the total amount, of alimony claims, for which you were liable at ations, such as those set out in Line 33.		•	\$0.00		
	-	er 13 administrative ex ne resulting administrativ		y the amount in Line b,	and			
	a.	Projected average mor	nthly Chapter 13 plan payment.	\$0.00				
50	b.	issued by the Executive	our district as determined under schedules e Office for United States Trustees. ailable at www.usdoj.gov/ust/ or from the	e x 0.061				
	c.	Average monthly admir	nistrative expense of Chapter 13 case	Total: Multiply Lines	s a and b	\$0.000		
51	Total I	Deductions for Debt Pa	yment. Enter the total of Lines 47 throu	gh 50.		\$2,183.00		
			Subpart D: Total Deduction	ons from Income				
52	•							

	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)							
53	Total current monthly income. Enter the amount from Line 20.	\$10,860.00						
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.							
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).							
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$7,558.00						

	there is below. You m	tion for special circumstances. If there are special circumstances and reasonable alternative, describe the special circumstances and If necessary, list additional entries on a separate page. Total the exust provide your case trustee with documentation of these exited explanation of the special circumstances that make such	penses and enter the total in Line 57.	
57		Nature of special circumstances	Amount of expense]
	a.		\$0.00	
	b.		\$0.00	_
	C.		\$0.00	
			Total: Add Lines a, b, and c	\$0.00
58	and ent	ter the result.	mounts on Lines 54, 55, 56, and 57	\$10,670.00
59	Month result.	ly Disposable Income Under § 1325(b)(2). Subtract Line 58	3 from Line 53 and enter the	\$190.00
	•	Part VI: ADDITIONAL E.	XPENSE CLAIMS	
	health a	Expenses. List and describe any monthly expenses, not otherwing and welfare of you and your family and that you contend should be a income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sour erage monthly expense for each item. Total the expenses.	an additional deduction from your current	_
60		Expense Description	Monthly Amount	
00	a.		\$0.00	
	b.		\$0.00	
	C.		\$0.00	
		Total: Add Lines a, b, and c	\$0.00	

Part VII: VERIFICATION						
61	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.) Date: Signature: /s/ Daniel Clyde Smukowski (Debtor) Date: Signature: /s/ Cheryl M. Smukowski (Joint Debtor, if any)					

In re Daniel Clyde Smukowski and Cheryl M. Smukowski

Case No. <u>09-33160</u>

Debtor(s)

(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) Amended 12/17/2009

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital	DEPENDENTS OF DEBTOR AND SPOUSE				
Status: Married	RELATIONSHIP(S): Daughter	AGE(S): 15			
EMPLOYMENT:	DEBTOR		SPOUSE		
Occupation	airport safety	paralegal			
Name of Employer	tsa	quarle	quarles and brady		
How Long Employed	1 year	10 yea	10 years		
Address of Employer	n n Washington DC X	411 e wisconsin ave Milwaukee WI 53202			
INCOME: (Estimate of aver	age or projected monthly income at time case filed)	L	DEBTOR		SPOUSE
 Monthly gross wages, salary, and commissions (Prorate if not paid monthly) Estimate monthly overtime 		\$ \$ \$	2,426.67 0.00 2,426.67	\$	7,000.00 0.00 7,000.00
3. SUBTOTAL 4. LESS PAYROLL DEDUC a. Payroll taxes and soo b. Insurance c. Union dues d. Other (Specify): 4	cial security	\$\$\$\$\$\$	582.83 0.00 0.00 847.17	\$ \$ \$	1,610.00 0.00 0.00 2,240.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS		\$	1,430.00	\$	3,850.00
6. TOTAL NET MONTHLY TAKE HOME PAY		\$	996.67	т	3,150.00
 Regular income from operation of business or profession or farm (attach detailed statement) Income from real property Interest and dividends Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above. Social security or government assistance (Specify): Pension or retirement income Other monthly income 		\$\$\$\$	0.00 0.00 0.00 0.00	\$ \$	0.00 0.00 0.00 0.00
		\$ \$	0.00 1,030.00		0.00 0.00
(Specify):		\$	0.00	\$	0.00
14. SUBTOTAL OF LINES 7 THROUGH 13		\$	1,030.00	\$	0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)		\$	2,026.67	\$	3,150.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)		(Papart	\$		s and, if applicable, on

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Debtor's are not expecting any drastic changes with either incomes over the next 12 months

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In re Daniel Clyde Smukowski and Cheryl M. Smukowski

Case No. 09-33160

Debtor(s)

(if known)

SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR Amended 12/17/2009

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22 A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled
"Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,	232.00
a. Are real estate taxes included? Yes 🔲 No 🔀		
b. Is property insurance included? Yes \ \ No \ \		
2. Utilities: a. Electricity and heating fuel	\$	300.00
b. Water and sewer	\$	30.00
c. Telephone _	\$	200.00
d.Other 2nd mortgage	.*	508.00
Other n taxes	*	350.00
Olliel P cares	\$	350.00
3. Home maintenance (repairs and upkeep)	\$	200.00
4. Food	\$	866.00
5. Clothing	\$	200.00
6. Laundry and dry cleaning	\$	43.00
	φ	120.00
7. Medical and dental expenses		
8. Transportation (not including car payments)	*	330.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	200.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	50.00
b. Life	\$	0.00
	\$	0.00
		101.00
d. Auto	*	
e. Other	\$	0.00
Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage)		
(Specify)	\$	0.00
	Ф	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	•	0 00
a. Auto	. \$	0.00
b. Other:	\$	0.00
c. Other:	\$	0.00
14. Alimony, maintenance, and support paid to others	.\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other:	\$	0.00
	\$	0.00
Other:	. Ω	0.00
		0.00
18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules	\$ 4,8	30.00
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
10. 2000 100 any more ago in accrease in expenditures reasonably anticipated to occur within the year following the filling of this document.		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 16 of Schedule I	\$ 5,.	176.67
b. Average monthly expenses from Line 18 above	\$ 4,8	830.00
c. Monthly net income (a. minus b.)	\$	346.67